

BEST AVAILABLE COPY

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-676)

SERIAL NO.

09932322

FILED DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		3				
6		3				
7		3				
8		3				
9		3				
10	1					
11	1					
12		3				
13	1					
14		3				
15		3				
16		3				
17		3				
18		3				
19		3				
20		3				
21		3				
22		3				
23		3				
24		3				
25		3				
26		3				
27		3				
28		3				
29		3				
30		3				
31		3				
32	1					
33		3				
34		3				
35		3				
36	1					
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41				1		1
42				2		2
43				1		1
44				1		1
45				1		1
46				2		2
47				2		2
48				2		2
49				2		2
50				2		2
TOTAL IND.				4		
TOTAL DEP.				13		
TOTAL CLAIMS				17		

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				2		2
52				4		4
53				4		4
54				4		4
55				4		4
56				4		4
57				4		4
58				4		4
59				4		4
60				4		4
61				4		4
62				4		4
63				4		4
64				4		4
65				4		4
66				4		4
67				4		4
68				4		4
69				4		4
70				4		4
71				4		4
72				4		4
73				4		4
74			1			
75			1			
76			1			
77			1			
78				4		
79						2
80						
81						
82						
83						
84						
85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.				8		
TOTAL DEP.				99		94
TOTAL CLAIMS				117		94

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS